

Budget Change Proposal - Cover Sheet

DF-46 (REV 08/15)

Fiscal Year 2016-17	Business Unit 4260	Department Health Care Services	Priority No.
Budget Request Name 4260-018-BCP-DP-2016-GB		Program 3960010	Subprogram

Budget Request Description

Foster Care Training Requirements on Psychotropic Medications (SB 238)

Budget Request Summary

The DHCS requests one full-time permanent Research Program Specialist II (RPS II), and \$134,000 (\$67,000 General Fund/\$67,000 Federal Fund) in Fiscal Year (FY) 2016-17 and \$125,000 (\$63,000 General Fund/\$62,000 Federal Fund) ongoing, to implement the requirements of Senate Bill (SB) 238 (Chapter 534, Statutes of 2015).

SB 238 requires data sharing agreements between DHCS and the Department of Social Services (CDSS) as well as between DHCS, CDSS and county placing agencies. It also requires CDSS, in consultation with DHCS and stakeholders, to develop and distribute a monthly report to each county placing agency, and would require this report to include specified information regarding foster youth taking psychotropic medications that have been paid for under Medi-Cal.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO	Date
For IT requests, specify the date a Special Project Report (SPR) or Feasibility Study Report (FSR) was approved by the Department of Technology, or previously by the Department of Finance. <input type="checkbox"/> FSR <input type="checkbox"/> SPR Project No. Date:		

If proposal affects another department, does other department concur with proposal? ☒ Yes ☐ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By <i>[Signature]</i>	Date 1-5-16	Reviewed By <i>[Signature]</i>	Date 1/6/16
Department Director <i>[Signature]</i>	Date 1/6/16	Agency Secretary <i>[Signature]</i>	Date 1/7/16

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ CALSTARS ☐ Dept. of TechnologyBCP Type: ☐ Policy ☐ Workload Budget per Government Code 13308.05

PPBA <i>Mano B. Azm</i>	Date submitted to the Legislature 1/8/16
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BCP Fiscal Detail Sheet

BCP Title: Foster Care Training Requirements on Psychotropic Medications (SB 238)

DP Name: 4260-018-BCP-DP-2016-GB

Budget Request Summary

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Positions - Permanent	0.0	1.0	1.0	1.0	1.0	1.0
Total Positions	0.0	1.0	1.0	1.0	1.0	1.0
Salaries and Wages						
Earnings - Permanent	0	75	75	75	75	75
Total Salaries and Wages	\$0	\$75	\$75	\$75	\$75	\$75
Total Staff Benefits	0	36	36	36	36	36
Total Personal Services	\$0	\$111	\$111	\$111	\$111	\$111
Operating Expenses and Equipment						
5301 - General Expense	0	4	2	2	2	2
5304 - Communications	0	2	2	2	2	2
5324 - Facilities Operation	0	9	9	9	9	9
5344 - Consolidated Data Centers	0	1	1	1	1	1
539X - Other	0	7	0	0	0	0
Total Operating Expenses and Equipment	\$0	\$23	\$14	\$14	\$14	\$14
Total Budget Request	\$0	\$134	\$125	\$125	\$125	\$125

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	67	63	63	63	63
0890 - Federal Trust Fund	0	67	62	62	62	62
Total State Operations Expenditures	\$0	\$134	\$125	\$125	\$125	\$125
Total All Funds	\$0	\$134	\$125	\$125	\$125	\$125

Program Summary

Program Funding						
3960010 - Medical Care Services (Medi-Cal)	0	134	125	125	125	125
Total All Programs	\$0	\$134	\$125	\$125	\$125	\$125

[illegible]

Analysis of Problem

A. Budget Request Summary

The Department of Health Care Services (DHCS) requests one full-time permanent Research Program Specialist II (RPS II) and \$134,000 (\$67,000 General Fund (GF)/ \$67,000 Federal Fund (FF)) in Fiscal Year (FY) 2016-17 and \$125,000 (\$63,000 GF/\$62,000 FF) ongoing, to implement the requirements of Senate Bill (SB) 238 (Chapter 534, Statutes of 2015).

SB 238 requires data sharing agreements between DHCS and the Department of Social Services (CDSS) as well as between DHCS, CDSS and county placing agencies. It also requires CDSS, in consultation with DHCS and stakeholders, to develop and distribute a monthly report to each county placing agency, and would require this report to include specified information regarding foster youth taking psychotropic medications that have been paid for under Medi-Cal.

B. Background/History

SB 238 outlines criteria for the use of psychotropic medication for children and youth in foster care. The categories of psychotropic medication are fairly broad, and include drugs that work on the central nervous system that alter behavior, mood, perception, or emotion, and include such drug classes as antipsychotics, antineuroleptics, antidepressants, psychostimulants, hypnotics and antianxiety medications. Psychotropic medications are prescribed to treat symptoms of conditions ranging from Attention Deficit Hyperactivity Disorder (ADHD) to childhood schizophrenia.

The federal Child and Family Services Improvement and Innovation Act of 2011 requires states to develop protocols regarding the appropriate use and monitoring of psychotropic medications and how the state will address emotional trauma associated with being a child that is maltreated and removed from their home through placement in foster care.

In October 2012, DHCS and CDSS undertook a quality improvement project titled "Improving Psychotropic Medication Use in Children and Youth in Foster Care" in order to explore, identify, and support effective strategies in overseeing and monitoring the use of psychotropic medications of children and youth in the foster care system. This topic and project has received significant interest from, and heightened the awareness of stakeholders, the media, government oversight entities like the Child Welfare Council, as well as the Legislature.

DHCS currently has an interagency agreement (IA) with CDSS, effective April 2015, to share information regarding the oversight and monitoring of psychotropic medication prescribing within the child foster care population. Additionally, DHCS has encouraged and signed data use agreements (DUAs) with individual counties who want to monitor psychotropic medication use in their specific foster care population. In an effort to address foster youth psychotropic medication prescribing from the provider perspective, the Medical Board of California (MBC) also entered into a DUA with DHCS in April 2015. The work necessary to pull the data required by these agreements is currently being completed by existing, temporarily redirected DHCS Pharmacy Benefits Division (PBD) resources. This redirection has resulted in other PBD work either not getting completed or being delayed. The additional and expanded DUA mandates and reporting requirements established by SB 238 cannot be absorbed by existing staff.

Analysis of Problem

Resource History (Dollars in thousands)

Pharmacy Benefits Division

Program Budget	2010-11	2011-12	2012-13	2013-14	2014-15
Authorized Expenditures	6,573	6,573	7,750	8,065	8,280
Actual Expenditures	6,424	5,993	5,884	6,455	7,328
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	49.7	56.7	54.0	54.0	52.0
Filled Positions	47.1	47.1	51.2	51.9	52.0
Vacancies	2.6	9.6	2.8	2.1	0.0

Workload History

Workload Measure	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Number of data use agreements with individual counties	0	0	0	2	4	5
Number of Global Interagency Agreements	0	0	0	0	0	5
Number of data use agreements with other state agencies	0	0	0	0	2	2

C. State Level Considerations

DHCS is committed to reducing inappropriate psychotropic medication use in all children receiving services under the Medi-Cal program, and has been specifically focused on foster care children who have been found to be prescribed higher amount of antipsychotics when compared to non-foster care children in Medi-Cal.

This BCP supports DHCS' continued mission of interagency collaboration to improve psychotropic medication use in foster children. In April 2015, as part of the quality improvement project strategy, DHCS and CDSS jointly released the California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care (Guidelines) to design, pilot, and evaluate best practices to improve psychotropic medication use among children and youth in foster care. The Guidelines outline basic principles and values; expectations regarding the development and monitoring of treatment plans; principles for emotional and behavioral health care; psychological services; pharmacological and non-pharmacological treatment regimens; principles for informed consent of medications; and principles governing medication safety. The Guidelines also encourage and enable data sharing, (based upon Healthcare Effectiveness Data and Information Set [HEDIS] measures as set forth by the National Committee for Quality Assurance) which helps improve psychotropic medication safety and strengthen the monitoring of foster children receiving psychotropic medication.

Analysis of Problem

D. Justification

DHCS must comply with the requirement of SB 238 to have data sharing agreements between DHCS and CDSS, as well as between DHCS, CDSS and county placing agencies. SB 238 also requires CDSS, in consultation with DHCS and stakeholders, to develop and distribute monthly county-specific reports that describe each child for whom one or more psychotropic medications have been paid for under Medi-Cal, including paid claims and managed care encounters to each county placing agency. The monthly report must, at a minimum, include the following information:

- Psychotropic medications that have been authorized for the child.
- Pharmacy data based on paid claims and managed care encounters, including the name of the psychotropic medication, quantity, and dose prescribed for the child.
- Other available data, including, but not limited to, information regarding psychosocial interventions and incidents of polypharmacy.
- One or more indicators that note children for whom additional follow-up may be appropriate. The indicators may include, but need not be limited to, an indicator that identifies each child under five years of age for whom one or more psychotropic medications is prescribed and an indicator that identifies each child of any age for whom three or more psychotropic medications are prescribed.

Much of the data in question is only available within DHCS databases where access is highly restricted due to its sensitive nature. Access to, and the ability to design queries that will extract the data within these protected databases requires the expertise of an RPS II who has the technical computer programming experience, and understands state and federal laws for creating de-identified data reports for public use. In particular, this individual will provide expertise in the use and analysis of pharmacy claims. This individual must also participate in stakeholder engagements involving policy discussions related to the foster care system in order to have a complete understanding of the issues. This comprehensive understanding of policy will assist the RPS II in developing appropriate and relevant data queries.

In addition to these currently established DUAs, SB 238 requires more robust data sharing agreements between DHCS and CDSS as well as the county placing agencies in a three-way arrangement known as the Global Interagency Agreement (GIA). Under the GIA, DHCS will provide CDSS with both medical and pharmacy claims level detail, with which CDSS will match with their foster care specific data. This combined, matched data will then be provided to each county's foster care placing agency. Over time, the parameters of the data sharing under the GIA are expected to change as counties develop ways to analyze the data. Such changes will necessitate changes in how the data is pulled and compiled by both DHCS and CDSS.

While counties are allowed to opt-in to either of the two DUAs currently available, SB 238 creates a mandate for DHCS and CDSS to ensure foster care data is shared with all 58 county placing agencies. This mandate eliminates the existing voluntary nature of the DUAs and will result in increased research and data programming to ensure all 58 counties of California are represented and receiving the required foster care data.

Analysis of Problem

E. Outcomes and Accountability

DHCS has an established process in place for data release and will retain accountability for providing de-identified reports that are vetted by the Chief Medical Information Officer as well as attorneys in the Privacy Office prior to release from DHCS. The chart below assumes half of the counties will sign an individual DUA with DHCS and the other half will sign a GIA agreement with DHCS and CDSS. While the RPS II will be responsible for writing the necessary program coding and running the queries required to extract the data from the appropriate DHCS claims data bases for both data sharing agreements, the coding will likely vary between the formats due to the uniqueness of the needed data for the two agreements. For example, it is likely that, as counties analyze the data they will alter subsequent requests to better reflect their particular demographics or needs (it is likely that rural counties will have different needs than more urban counties.) These variances will necessitate individualized queries for the two formats, thus increasing the workload associated with the position.

Projected Outcomes

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Number of DUAs with individual counties	10	15	29	29	29	29
Number of GIAs	10	15	29	29	29	29
Number of DUAs with other state agencies	2	2	2	2	2	2
TOTAL	22	32	60	60	60	60

F. Analysis of All Feasible Alternatives

Alternative 1: Establish one full-time permanent RPS II at \$134,000 (\$67,000 General Fund (GF)/ \$67,000 Federal Fund (FF)) in Fiscal Year (FY) 2016-17, and \$125,000 (\$63,000 GF/\$62,000 FF) ongoing.

Pros:

- Provides a staff resource necessary to meet the data sharing mandates outlined in SB 238.
- Does not redirect current staff away from other pre-existing mission critical tasks.

Cons:

- Will increase state staffing levels.
- Will increase General Fund expenditures.

Alternative 2: Redirect position from within DHCS.

Pros:

- Will not increase state staffing levels.
- Will not increase General Fund expenditures.
- Ensures DHCS remains compliant with the state mandate.

Analysis of Problem

Con:

- Will redirect existing resources away from another DHCS program area, which will result in a lack of production related to mission critical functions in the program area where the redirection occurs.

Alternative 3: Contract out for the work.

Pros:

- Provides a resource necessary to meet the data sharing mandates outlined in SB 238.
- Does not redirect current staff away from other, pre-existing mission critical tasks.
- Avoids political and public criticism related to lack of resource allocation to meet the state mandate.
- Ensures DHCS remains compliant with the state mandate.

Cons:

- Will increase General Fund expenditures.
- Increases contracted staffing levels.

G. Implementation Plan

SB 238 requires the Judicial Council, by July 1, 2016, in consultation with the DHCS and CDSS and identified stakeholders, to amend and adopt rules of court and to develop appropriate forms for implementation for the use of psychotropic medications for youth in foster care. The mandated monthly reports are seen as the first step to establishing sound and well informed policy.

The recruitment and hiring will begin by July 2016 for the RPS II.

H. Supplemental Information

Request one-time cubicle buildouts including cabling at a cost of \$7,000.

I. Recommendation: Alternative 1

Request one full-time permanent RPS II to meet the mandated data sharing requirements of SB 238.

WORKLOAD STANDARDS
Pharmacy Benefits Division
1.0 Research Program Specialist II (805-560-5764-xxx)
Permanent Full Time

Activities	Number of Items Weekly, Monthly, Etc.	Hours per Item	Total Hours
Design complex statistical analysis system (SAS) programs for mining medical and pharmacy claims databases.	58	10	580
Evaluate large amounts of data, searching for relationships between medical, pharmaceutical and foster youth demographic related data	58	10	580
Attend regular stakeholder meetings in order to provide expert consultative services on the feasibility, impact, or potential use of pharmacy claims data.	12	24	288
Prepare monthly foster youth summary reports for stakeholders	12	16	192
Instruct staff in research techniques. These include various types of statistical sampling, statistical outlier analysis and incorporation of other factors in their analysis.	12	6	72
Complete special ad hoc projects	11	8	88
Total hours worked			1800
1,800 hours = 1 Position			
Actual number of Positions requested			1.0

Total hours = number of items x hours per item